

**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2**  
**Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB)**  
**290 Broadway-21<sup>st</sup> Floor**  
**New York, NY 10007-1866**

**NOTIFICATION OF DEMOLITION AND RENOVATION**

Operator Project #	Postmark	Date Received	Notification <i>2016.0118.37805</i>
<b>I. TYPE OF NOTIFICATION</b> (O = Original / R = Revised) : o			
<b>II. FACILITY INFORMATION</b> ( Identify owner, removal contractor, and other operator)			
OWNER: Westchester Medical Center			
Address: 100 woods road			
City: Valhalla	State: NY	ZIP: 10595	
Contact: Frank Alexander		Tel: 914-224-6075	
REMOVAL CONTRACTOR: JVN Restoration Inc.			
Address: 47 Foster Road			
City: Staten Island	State: New York	ZIP: 10309	
Contact: John Tardy		Tel: 718-605-6256	
Address:			
OTHER OPERATOR:			
Contact:		Tel:	
<b>III. TYPE OF OPERATION</b> ( D = Demolition / R = Renovation) : R / Asbestos Removal Only			
<b>IV. IS ASBESTOS PRESENT?</b> (Yes/No): yes			
<b>V FACILITY DESCRIPTION</b> (include building name, number and floor or room number): Behavioral health			
Building: behavioral Health Center			
Address 100 woods rd			
Address:			
City: Valhalla	State: New York	County: Westchester	
Site Location behavioral health center			
Building Size	SqMeter:	SqFt: 10,000	# of Floors: 5 Age in Years 50
Present Use: Medical		Prior Use: Medical	
<b>VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:</b> Bulk/PLM (AHERA)			
<b>VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW:</b>			
	RACM to be Removed Category II	Non-friable Asbestos Material not to be removed Category I	
PIPES - Linear Feet			
PIPES- Linear Meters			
Surface Area - Square Feet		300	
Surface Area - Square Meters			
Volume RACM off Facility Component - Cubic Feet			
Volume RACM off Facility Component - Cubic Meters			
<b>xVIII. SCHEDULED DATES OF ASBESTOS REMOVAL:</b> (MM/DD/YY)      Start: 1/21/2016      Completion: 12/16/2016			
<b>X. SCHEDULED DATES OF DEMOLITION/RENOVATION:</b> (MM/DD/YY)      Start:      Completion:			

**X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:**  
N/A

**XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:**  
Negative air machines under HEPA filtration system. Wet Methods.

**XII. WASTE TRANSPORTER #1**

Name: Vandan Disposal Inc

Address: 1009 Glen Cove Avenue

City: Glen Head

State: New York

11545

Contact Person:

Telephone: 718-617-0071

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

ZIP:

Contact Person:

Telephone:

**XIII. WASTE DISPOSAL SITE**

Name: Minerva Enterprises Inc.

Address: 8955 Minerva Road SE

City: Waynesburg

State: Ohio

ZIP: 44688

Telephone: 330-493-9904

**XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW**

Name: N/A

Title:

Authority:

Date if Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY) :

**XV. FOR EMERGENCY RENOVATIONS**

Date and Hour of Emergency (MM/DD/YY):

Description of the Sudden, Unexpected Event:

Explanation of How the Event caused Unsafe Conditions or Serious Disruption of Industrial Operation:

**XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRUMBLLED, PULVERIZED, OR REDUCED TO POWDER:**

**XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THE REGULATION (40CFR PART 61 SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation) .**

John Tardy

1/11/2016

Signature of Owner/Operator

Project Manager

Date

**XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.**

John Tardy

11/11/2016

Signature of Owner/Operator

Project Manager

Date